

## CTP FEE WAIVER APPLICATION 2021

- 1 This Application Form must be completed by the Parent/Guardian of the applicant.
- 2 Please provide all supporting documents stated on Pg. 2 of this form

### SECTION A : STUDENT'S PARTICULARS

Name as in NRIC/BC : \_\_\_\_\_

NRIC/BC : \_\_\_\_\_ Contact No. : \_\_\_\_\_

Programme Name : STEP/TEACH/PROJECT GUIDE (Please circle accordingly)

School/Centre Name : \_\_\_\_\_

### SECTION B : PARTICULARS OF FAMILY MEMBERS IN THE SAME HOUSEHOLD

Name	NRIC	Date of Birth (DD / MM / YYYY)	Relationship To Student	Occupation	Net Individual Income
<b>(A) Total Net Household Income</b>					
<b>(B) Number of Family Members</b>					
<b>PCI [A/B]</b>					

### SECTION C : DECLARATION/ADDITIONAL INFORMATION TO SUPPORT CASE

### SECTION D : DECLARATION BY PARENT/GUARDIAN

I am contributing to SINDA via CPF \*YES / NO

I am currently receiving (Please Tick)

SINDA Bursary

Assistance from a Family Service Centre (FSC)  Others

School Pocket Money Fund (SPMF) from an FSC

MOE Financial Assistance Scheme (FAS)

Please Specify : \_\_\_\_\_

SAC Sponsorship

1) I declare that all information provided above is true and accurate to the best of my knowledge. I also understand that the programme fees are non-refundable.

2) I understand that SINDA will not be held liable for any mishaps that may arise during the duration of the entire programme.

3) I hereby authorise SINDA to release information to the Ministry of Education (MOE) and my child's / ward's school and vice versa for the purpose of monitoring and evaluating my child's / ward's performance.

4) I consent / do not consent\* to SINDA sharing the information provided to other government agencies (besides MOE) to benefit from any other services that may be provided by them.

5) I consent to SINDA using the information provided to enable my child / ward (below the age of 21) or any other family members listed here, to benefit from SINDA's programmes and services

6) I understand SINDA may employ professional services for its programmes and information that is released to service providers is for the benefit of my child / ward.

(please delete accordingly)

\_\_\_\_\_  
Name of Parent / Guardian

\_\_\_\_\_  
Signature & Date

**SECTION E : MANDATORY DOCUMENTS ATTACHED (To Be Verified by respective SHG Personnel)**

**Status:**

- Photocopy of Student's NRIC/BC
- Photocopy of NRICs/BCs of all Family Member's listed in Section B
- At least one of the following Documents (Income documents of all working adults must be provided)
  - Latest pay slip
  - CPF contribution history for the last 3 months
  - Income tax assessment Form
  - Income declaration form accompanied by CPF contribution history for the last 3 months
- Supporting documents if receiving MOE Financial Assistance or Other forms of Financial Assistance
- Other supporting documents (If applicable)

*- Death Certificate; Divorce Documents (with details on custody and maintenance); Copy of Prison visit card; Letter of Retrenchment / Termination / Resignation; Medical documents; Document proof of Public Assistance Fund or other welfare fund; Bankruptcy documents, etc.*

**Verified by :**

	Signature	Date
<b>Organization &amp; Name of SHG officer</b>		

**Remarks:**


**SINDA HQ USE ONLY**

**Status:**                      \*Approved / Rejected    **Fee Payable:** \_\_\_\_\_

**Remarks:**


**Prepared By :**

	Signature	Date
<b>Name / Division</b>		

**Verified By :**

	Signature	Date
<b>Name / Division</b>		

**Approved By :**

	Signature	Date
<b>Name / Division</b>		